

Written Testimony of Christopher James Dubey in Opposition to S.B. No. 898

Dated January 2023

To the distinguished members of the Public Health Committee and the legislature:

I submit this written testimony in *strong opposition* to [Raised S.B. No. 898](#), **An act eliminating the requirement that the probate court issue an order allowing a patient who is incapable of giving informed consent to receive shock therapy**. I strongly oppose this bill that would remove legal protections for people at risk of forced ECT, a treatment that has caused significant psychological, cognitive, and physical harm for myself and many other people, that causes brain injury, and that is not based on good, rigorous science.

I am a disabled 39-year-old Middletown native born in 1983, residing in Newington for over ten years. I live on Social Security disability benefits. My father George Dubey was a mechanic for Pratt & Whitney. My mother Edith Dubey was an accountant for the State of Connecticut and, from what I recall, she was for a time campaign treasurer for current Lt. Gov. Susan Bysiewicz back when she ran for Secretary of the State. My family also helped with the 1990s campaign of Maria Madsen Holzberg, who was our neighbor and served as Mayor of Middletown. I graduated from Middletown High School in 2001.

I was 22 years old and a recent college graduate when I was forced to have ECT, an abbreviation for the medical treatment most commonly called “electroconvulsive therapy,” also known as shock therapy or electroshock. Being forced to have ECT was the most traumatic experience of my life.

To summarize my personal experience... I was a kid with mild to moderate social and emotional problems who became suicidal shortly after withdrawing from the antidepressant Paxil and graduating college, despite excelling academically and winning [many awards](#) at the University of Hartford. I was 22 and stressed with employment difficulties and some pressure and verbal abuse from family members, and I had some serious suicide attempts resulting in permanent injuries. The psychiatrists and psychologist who treated me one-on-one at the Institute of Living (IOL), part of Hartford Hospital, reasoned that ECT was my best option, because I had tried a few antidepressants (Paxil and Celexa) before becoming suicidal and while at IOL I told them I still wanted to die.

The IOL got a probate judge to grant [an order](#) to force me to have ECT. An abridged account of my experience of “involuntary” ECT from 2005-2006 at the Institute of Living (IOL) is [published on Mental Health Today](#). I also partly described my experience in a copy of a comment on an FDA docket [published on Mad in America](#). The involuntary ECT was traumatizing, dehumanizing, and cognitively impairing. I lied to the doctors and staff in order to make the forced ECT stop. In fear, I also lied to my family and it felt awful.

The doctors viewed me as “mentally ill” through a primarily biomedical model and they didn’t do much to address dysfunctional social and family dynamics, a history of verbal abuse, trauma, and life stressors. Nor did they do much to consider and address physical health issues that likely contributed to my chronic sadness, such as a chronic vitamin D insufficiency, and

irritable bowel syndrome that was later treated by a gastroenterologist and re-diagnosed as Crohn disease. I recall being labeled with “treatment-resistant” or refractory depression, [a concept of poor validity that ignores](#) when treatment is inappropriate, ineffective, or used improperly or inadequately, as well as when the diagnosis itself should be questioned and reconsidered.

On a side note, psychiatric diagnosis has gone through [considerable debate](#) in the past several years, with [an argument being made](#) that some traditional psychiatric diagnoses be reframed as understandable (though sometimes maladaptive) responses to social and other adversity. There is also now greater recognition of the social determinants of health, such as [sources of psychological trauma](#). In 2019, [Belgium’s Superior Health Council](#) published a [lengthy advisory report](#) that critiques the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM), and advising “laypeople, professionals, policy makers and researchers to use diagnostic labels with caution. People with a diagnosis are sometimes viewed too narrowly from the perspective of that diagnosis. Aspects of their perception are all too quickly pathologised” (p. 26). The Council further recommended that at an organization level “DSM categories not be the focus in setting up care” (p. 27).

My doctors also did not consider, and I didn’t learn until much later, that [antidepressants can increase suicidal ideation and violent behavior, especially in children and adolescents](#), and young adults, despite [some researchers' denial](#) of the risk. This can occur through various mechanisms such as causing akathisia (drug-induced agitation/restlessness) or blunting emotions and reducing inhibitions or a [decreased ability to metabolize the drugs](#). Stopping antidepressants too abruptly can also trigger a [withdrawal or discontinuation syndrome](#), causing mental instability and even violent behavior that [can be mistaken for “relapse” of a pre-existing mental disorder](#). I now firmly believe that my abrupt withdrawal from generic Paxil (paroxetine), without knowing the risks of SSRI withdrawal, was the most significant causative factor of my suicide attempts in 2005 when I was 22. Neither I nor my doctors knew about this at the time, although [the importance of slow tapering of SSRI drugs](#) is now more commonly recognized. There have been [successful lawsuits](#) regarding drug-induced suicides by Paxil. If my doctors had been aware of these risks, they could have informed me and helped me safely continue using antidepressants, or helped me taper slowly and carefully so as to remove these medication risks in the future, while finding alternatives. Instead, psychiatry put most of my faith in psychopharmacotherapy (psychiatric drugs). [Some evidence and arguments](#) suggest that being told by psychiatrists that “depression” or other low mood is caused by a chemical imbalance inside them (rather than external factors such as stressful events and dysfunctional relationships) leads to worse patient outcomes. I feel I would have had more hope if these beliefs had not been instilled in me of having a “[broken brain](#)” that could only really be managed by psychiatric drugs with suicide risks then unknown to me. The chemical imbalance hypothesis of depression has also been [mostly debunked as based on](#) the [premature conclusions of flawed research](#).

My experience with ECT was horrifically life-changing, but I later learned that unfortunately my experience is far from isolated. By making contact with many other people online who have been injured by ECT, psychiatric drugs, and other treatments, and reading their stories, I have learned how psychiatric care (and other medical care) can sometimes become [a vicious cycle](#) in which treatment-emergent or post-treatment adverse effects are misidentified as a new (or pre-existing) mental disorder, treated with higher dosages or more drugs or other risky treatments leading to more adverse effects, and more serious diagnoses until a person is quite disabled. This has been referred to as an [iatrogenic](#) cascade, meaning [a cumulative series of adverse effects](#) resulting from harmful medical treatments and poor clinical practice by ignorant

clinicians. There are numerous online support groups for people harmed by psychiatric drugs, such as [Surviving Antidepressants](#), [BenzoBuddies](#), [Inner Compass Exchange](#), and [on Facebook](#), with thousands of members and posts. There are also film documentaries of people harmed by psychiatric drugs such as [Medicating Normal](#), [Generation Rx](#), and [As Prescribed](#). There are support groups and sites for people harmed by ECT, such as [Life After ECT](#). These types of groups and sites helped me make sense of my experience in the context of being one of many patients given poor and abusive medical care, being injured by the field of medicine, and often having our experiences invalidated, ignored, minimized, or dismissed by medical professionals who don't question their medical training and clinical perceptions and who assume we must be mistaken or lying. I have learned of so many other people whose adverse effects from psychiatric treatments were misinterpreted or misdiagnosed by doctors.

In January 2013, because I felt so strongly about this issue, I persuaded State Representative Sandy Nafis and State Senator Paul Doyle to [raise a bill](#) (Proposed Bill No. 5298) in the state legislature that would prohibit involuntary ECT. I submitted written testimony along with several other people, and I also testified orally at a public hearing on that proposed bill before the Public Health Committee. The bill was rewritten to a much watered-down version that activists were dissatisfied with and did not get out of committee.

A few years ago, despite my health issues, I used my knowledge gained from an associate degree in biotechnology (earned in 2009 with [an award](#)) and my readings of ECT literature to write a disorganized and flawed but [lengthy and important review of the evidence that ECT causes brain damage or injury](#). This was published in 2017 in a peer-reviewed psychology and psychiatry journal. Although I am not a medical or scientific professional, and I know I am not an expert, my article has contributed to the progression of scientific discussion about ECT.

My article was provided to attorneys, who hired expert witnesses and in 2018 attained settlements in a California court for two plaintiffs harmed by ECT. The case resulted in [ECT device manufacturer Somatics updating its risk disclosures to include permanent brain damage](#). More cases are being litigated against the American device manufacturers, such as [the Florida case of Thelen v. Somatics, LLC et al.](#) Several of the American lawsuits are being [litigated by Wisner Baum](#), a law firm formerly known as Baum Hedlund Aristei & Goldman and noteworthy for [winning millions and billions in damages](#) against Monsanto and Bayer, for plaintiffs alleging injury by the weedkiller Roundup. Last year in the UK, [the BBC](#) and [other British media reported](#) that more than 100 people who had ECT are considering [lawsuits against the National Health Service \(NHS\)](#) for clinical negligence related to the injuries ECT caused them. I have also heard of lawsuits being pursued about ECT in Canada.

Among [the expert witnesses for the American plaintiffs](#) are Dr. John Read, psychologist and author of many peer-reviewed journal articles about the problems and flaws with ECT research; Dr. Janet Arrowsmith, a doctor trained in internal medicine and epidemiology and former acting Director of the Office of Surveillance and Biometrics (OSB) within FDA's Center for Devices and Radiological Health (CDRH); Dr. Kenneth Castleman, an electrical engineer with a PhD in biomedical engineering who worked as a Senior Scientist at NASA's Jet Propulsion Laboratory and was a member of the Scientific Working Group on Imaging Technology for the FBI; and Dr. Bennet Omalu, a neuropathologist famous for discovering chronic traumatic encephalopathy (CTE) in American football players.

Being that he is a renowned pathologist with extensive expertise and experience in anatomic, clinical, forensic, and neuropathology, I find it reasonable to conclude that Dr. Omalu

is exponentially more qualified in the topic and diagnosis of brain injury than any doctor trained merely as a psychiatrist or even neuro-psychiatrist. Contrary to the conclusions of much of the ECT research literature, often by researchers with their own biases and financial and professional conflicts of interest, Dr. Omalu states in [his expert report](#) (pp. 9-25, Exhibit 1) and [court depositions](#) that ECT *does* cause brain injury and brain damage. He explains that conventional MRI and CT scans (often used by ECT researchers to conclude a lack of evidence for brain damage) have significant limitations that make them generally incapable of identifying microscopic damage to brain cells. His report states, “When a patient suffers a concussion, conventional MRI or CT scan does not locate or identify any diagnostic or pathognomonic feature of concussions, instead these imaging modalities may identify non-specific changes like brain edema. In fact, in order to make a diagnosis of a concussion, the CT scan and MRI have to show no specific traumatic changes in the brain” (pp. 22-23). Therefore, despite the beliefs of many psychiatrists that ECT does not cause brain injury or damage, there are very good reasons to believe that it does. I concur with Dr. Omalu. He even cited my peer-reviewed article as a reference in forming his expert opinion (p. 25, ref. 2).

Yet whether one believes ECT causes brain injury or damage or not, the physiological adverse effects are also important to consider.

Involuntary psychiatric treatment can be traumatizing and not only is this unpleasant or distressing for patients, but it creates its own risks. Patients who are traumatized or just aggravated or turned off by forced medical treatment may be less likely to seek medical care in the future, and [may be more likely to attempt suicide](#). The traumatizing and cognitively impairing experience of forced ECT caused me to have less trust in the mental health system and less trust in the health system as a whole, even causing me to be dissuaded from seeking routine medical care at times. For a few years, I declined to get a flu shot because of my distrust of the healthcare system. I have even declined to report suicidal ideation at times, because of my fear of forced ECT or other involuntary psychiatric treatment.

This experience is not unique to me, but many other people forced to have ECT have found it traumatizing and harmful, and there are even many people who agreed to ECT voluntarily [who later regretted it](#), finding short-term benefits were not worth the long-term harms. The treatment can cause memory loss, long-term cognitive impairment such as trouble concentrating, and various other adverse [psychological](#) and physical effects. Other patients and activists have told me that common neuropsychological testing methods to identify and measure adverse cognitive effects and memory loss due to ECT are generally inadequate. Research that denies long-term cognitive adverse effects is contradicted by [other research](#) and [many patients’ lived experiences](#). Groups of people have been protesting against ECT annually for many years, in places such as [Ireland](#) and [Canada](#). Mainstream psychiatry, ECT researchers and practitioners, and regulatory agencies have largely ignored and dismissed the extensive reports of harmful effects of ECT, such as (1) [this list of comments in a petition to the FDA](#), (2) [this qualitative study of 1984 testimony](#), (3) [this literature review by Bonnie Burstow describing ECT as a form of violence against women](#), (4) [this qualitative study of women's experiences](#), (5) [Irish grandmother Mary Maddock’s news coverage](#), (6) [this magazine article featuring disabled survivor Kenny Fleischman](#), (7) [this BBC article quoting Irish survivor Lisa Morrison](#), (8) [this news article featuring a former British doctor who lost his medical career](#), (9) [this news article featuring two other British people cognitively injured by ECT](#), including Dr. Sue Cunliffe who lost her career as a pediatrician, (10) [this petition with over fourteen thousand signatures](#), and (11) [this petition with over one hundred thirty thousand signatures](#).

The experiences of people who say ECT made their lives worse are just as important as the experiences of people who say it made their lives better. It is medical negligence to not acknowledge and offer treatment in cases of medically induced harm.

I also was interviewed about my experience at the Institute of Living in an [ECT documentary film entitled Therapy or Torture](#). It was created by the Citizens Commission on Human Rights (CCHR), a nonprofit organization founded in 1969 by the Church of Scientology and dissident psychiatrist Thomas Szasz. CCHR works to protect people from abusive practices in mental healthcare. I am not a Scientologist, and I have no comment on individual cases of allegations against their Church except that they should be left to the legal system. But I respect religious freedom and freedom of thought and CCHR has treated me with much more respect and dignity than the psychiatrists at the Institute of Living who forced me to undergo ECT against my will, and the staff who ignored my screaming in terror one day while being wheeled to the ECT room.

In one of my online support groups, we have known [a few people](#) who died by suicide partly because of the distress caused by long-term adverse effects of ECT and the dismissal by doctors of those effects. Denied help and validation for their treatment-induced injuries, sometimes having their impairments dismissed as psychosomatic or psychological, some people feel they would rather be dead. I have documented news reports of a few modern-day cases of suicide by people who had ECT (writer [David Foster Wallace](#), inpatient [Stephen Colin Robson](#), inmate [Leo Marino](#)), as well as cases of assault and homicide ([Wilbur G. Harwell](#), [David Tarloff](#), [Howard E. Dibbern](#)) in [this archived blog post](#). Other cases include professor [David Bucci](#) and singer [Naomi Judd](#). Australian grandfather [Gerard Helliard](#) was forced to undergo more than 200 treatments of ECT which he said “he hated” and died later after a suicide attempt.

In 2015 Australian mental health patient [Garth Daniels sued the hospital](#) and doctors who forced him to have ECT as an inpatient. He had attempted suicide after ECT and forced drugging, which caused him memory problems and distress. Psychiatrist Niall ‘Jock’ McLaren supported Daniels’ rejection of ECT and criticized [his ill-treatment](#), saying “If you treat people like animals, they will respond like animals.” Daniels had [petitioned for help](#) from the United Nations. A Change.org petition later reported that his family and supporters [helped him escape](#).

In 2018, two Australian [patients who were forced to undergo ECT petitioned the Supreme Court of Australia](#). One patient quoted in the article stated, “It was one of the most traumatic days of my life.” Justice Kevin Bell ruled that their forced ECT was unlawful, reasoning that “just because someone made a decision that others might consider unwise, it did not mean that person lacked the capacity to give informed consent.” He further stated, “To impose upon persons having mental illness a higher threshold of capacity, and to afford them less respect for personal autonomy and individual dignity, than people not having that illness, would be discriminatory.”

Forced ECT can be thought of as form of torture. I certainly feel that way about my own ECT. Note that in more recent years the [United Nations](#) has even described forced ECT and other involuntary psychiatric treatments as torture, and the World Health Organization has made [an initiative to end coercion in mental healthcare](#). Authors such as Dr. Dainius Pūras, a former UN former Special Rapporteur on the right to health and himself a psychiatrist, have stated that “[coercive practices are inconsistent with human rights-based mental healthcare](#),” calling for “a fundamental change in the culture of psychiatry.” In [a public comment](#) responding to the CARE Act in California, citing references 21-22, Human Rights Watch states, “Studies of coercive

mental health treatment have generally not shown positive outcomes.^[21] Evidence does not support the conclusion that involuntary outpatient treatment is more effective than intensive voluntary outpatient treatment and, indeed, shows that involuntary, coercive treatment is harmful.^[22]”

I leave you with this to consider. The fields of medicine and psychiatry have made a number of significant mistakes throughout history, only realized through the progress of knowledge and discourse and reflection. Mainstream psychiatry [pathologized homosexuality](#) as a mental disorder [until 1973](#). Eugenics was once popular, [even at Harvard](#), and it was [supported by such luminaries](#) as Theodore Roosevelt, Alexander Graham Bell, and John D. Rockefeller, Jr. (para. 2). The Holocaust was supported by [Nazi psychiatrists](#). [Lobotomy was once popular](#), despite the existence of opposing viewpoints, and lobotomy was supported by a large proportion of psychiatric professionals, even when done without consent. Today, ECT is popular, despite [opposing viewpoints](#), and ECT is supported by a large proportion of psychiatry, even when done without consent. How will history look back upon this?

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Christopher James Dubey". The signature is written in a cursive, flowing style with a large initial 'C' and a long, sweeping tail on the 'y'.

Christopher James Dubey

Newington, CT

P.S. For further reading, I have made a collection of media and references about ECT in a [Twitter thread with lengthy sub-threads](#). Click on each numbered sub-thread to see additional tweets.